

Bibbins AFC Home

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
INCIDENT REPORT

REPORT DATE 4/22/16		TIME 7:40 Am	RECIPIENT NAME Darryl Pelichet	
AGENCY NAME ADVANCE CARE		CASE NO. 01033882		
WORK AND LIVING UNIT NAME Bibbins AFC		AGE / BIRTHDATE 3/4/1979		
WHEN DID YOU DISCOVER INCIDENT (Date & Time) 4/22/16 7:30 Am <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		WHEN DID IT HAPPEN (Date & Time) 4/21/16 10pm <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		SEX Male
WHERE DID INCIDENT HAPPEN (Building, Location) Bibbins AFC		RECIPIENT(S) INVOLVED Darryl Pelichet		
OTHER RECIPIENT (S) PRESENT				
EMPLOYEE(S) INVOLVED AND/OR PRESENT Jennifer Kenyon				
EXPLAIN WHAT HAPPENED Staff did bed checks at 730 Am and discovered that D.P. was not in his bedroom, staff checked the outside smoking area and the bathrooms and there was no consumer. Staff called consumer's cell phone and asked where he is, and he stated he stayed out all night long and he's on his way back home.				
ACTION TAKEN BY STAFF Staff called consumer cell phone to ask his location. Staff reported incident to Case Mgr / Home provider, and appropriate parties.				
PHYSICAL INJURY APPARENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		REPORTING PERSON'S SIGNATURE Ranita Barnett		DATE 4/22/16
IF INJURY, DESCRIPTION OF INJURY BY PHYSICIAN OR R.N.				
DESCRIPTION OF TREATMENT OR CARE GIVEN				
DATE & TIME CARE GIVEN <input type="checkbox"/> AM <input type="checkbox"/> PM	EXTENT OF INJURY AT THIS TIME <input type="checkbox"/> SERIOUS <input type="checkbox"/> NON-SERIOUS	PHYSICIAN'S OR R.N. SIGNATURE		DATE
IF SERIOUS INJURY: DATE & TIME DIRECTOR OR DESIGNEE NOTIFIED <input type="checkbox"/> AM <input type="checkbox"/> PM	IF SERIOUS INJURY: DATE & TIME RIGHTS ADVISOR NOTIFIED <input type="checkbox"/> AM <input type="checkbox"/> PM	PHYSICIAN'S OR R.N. SIGNATURE		DATE
DESIGNATED SUPERVISOR (State program or administrative action to remedy and/or prevent reoccurrence of incident, including disciplinary action) Home Manager spoke to the consumer and went over his contract with him again.				
NAME OF EMPLOYEE ASSIGNED TO RECIPIENT AT TIME OF INCIDENT Jennifer Kenyon		DESIGNATED SUPERVISOR'S SIGNATURE Ranita Barnett		

WITHIN 24 HOURS, DISTRIBUTE: PHOTO COPY - Director (Return to recipient records)  
- Rights Advisor  
- Agency

DCH-0044(E) (1/01) (W) Replaced DMH-2550

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